Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Α	For th	e 2004 c	alendar	year, or tax year begin	ning July 1		, 2004, a	and ending June		, 20 05
В	Check if	applicable	Please	C Name of organization					٠. ٠	er identification number
	Address	ddress change label or National Jewish Medical & Research Center							044647	
	I Name change type							-	one number	
	Initial re	turn	See	1400 Jackson Street					(303) 398-1003
	Final ret		Specific Instruc- tions.	Oity or town, state or cou DENVER, CO 80206-					F Accounting	ng method. ☐ Cash ☑ Accrual
		ed return			***************************************			H and Lare no		to section 527 organizations
П		on pending	tru	ction 501(c)(3) organization sts must attach a complete				H(a) Is this a g	roup return	n for affiliates? 🔲 Yes 🗹 No
G	Website	e: 🕨 WW	w.natio	onaljewish.org				H(b) If "Yes," (er of affiliates ▶
J	Organiz	zation type	e (check o	only one) ▶ 🔽 501(c) (3) ◀ (insert no.)	4947(a)(1)	or 🔲 52			See instructions)
K				organization's gross receipts return with the IRS, but if the					parate retur in covered b	n filed by an y a group ruling? Yes Z No
				eturn without financial data Se					emption No	
			A 1 1 1		l 40 b	199,359,				the organization is not required
	art I			s 6b, 8b, 9b, and 10b to openses, and Chang						orm 990, 990-EZ, or 990-PF)
	1			gifts, grants, and simil			una Bun	u.1000 (000 pt	.go 10 t	in the medianions.
	'a	Direct p		• • •	ar amounts re	ceiveu.	1a	29,675,72	22	
	i i	Indirect		• •		• •	1b	38,44	—	
	1			ontributions (grants)		• •	1c	36,026,47	1	
				1a through 1c) (cash_\$	64.880.8	82 noncas		859,754	1d	65,740,636
	2			e revenue including					2	48,748,951
	3			ues and assessments			.3 (1101111	art vis, in 10 00/	3	
	4		•	ings and tempolary ca		2SO-S			4	421,000
	5	Dividen	ds and	interest from Securities	y 2 1 200	5 191			5	2,935,000
	6a	6a Gross rents 6a 6a								
	b	Less: re	ental ex	penses	DEN: U		6b			
				me or (loss) (subtract	ine ee trom iii	ne 6a) . .		<i>.</i>	6c	
Q	7	Other in	ovestme	ent income (describe 🕨)	7	
Revenue	8a	Gross a	amount	from sales of assets of	uner ————	ecurities		(B) Other	_	
Rev		than inv	entory	. Strut I.	• • • • • • • • • • • • • • • • • • • •	8,467,000	8a		_	
	b	Less' co	st or oth	ner basis and sales exper	1004	7,103,000)	8b	(55,00		
				attach schedule) .		1,364,000	8c	(55,00		
	d	_		s) (combine line 8c, colu				<i>.</i>	8d	1,309,000
	9	Special	events a	nd activities (attach sched			jaming, ch	heck here 🕨 🗌		
	а			(not including \$		2,165 of		000 0	-	
				eported on line 1a).			9a	866,8		
				penses other than fun	• •		9b	(2,518,03		(1,651,189)
				(loss) from special eve	•)	9c	(1,051,109)
	1 -			inventory, less returns			10a 10b		1	
	b		_	goods sold loss) from sales of invent				th from line 10=\	10c	
	11			from Part VII, line 103				•	11	2,180,440
	12			(add lines 1d, 2, 3, 4, 5		10c, and 1	1)			119,683,838
	13			ces (from line 44, colur				· · · · · · ·	13	83,854,614
Še	14	_		and general (from line			• • •		14	24,569,337
Expenses	15			om line 44, column (D)		<i>,</i> , .		· · · · ·	15	4,314,049
Ä	16			iffiliates (attach schedu				· · · ·	16	
	17			s (add lines 16 and 44				·	17	112,738,000
ţ	18	Excess	or (def	icit) for the year (subtr	act line 17 fro	m line 12)			18	6,945,838
SSe	19			fund balances at begin		•			19	122,216,068
Net Assets	20			s in net assets or fund				Sturt3	20	1,390,000
ž	21			und balances at end of					21	130,551,906

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No 11282Y

Form **990** (2004)



Form 990 (2804) All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations Part II Statement of and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions) **Functional Expenses** Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b. 8b. 9b. 10b, or 16 of Part I. services and general Grants and allocations (attach schedule) . 22 22 (cash \$ _____ noncash \$ ___ 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule), 24 160,068 1,847,521 694,094 993,359 25 25 Compensation of officers, directors, etc. . . 55,839,931 43,177,013 11,290,250 1,372,669 26 26 Other salaries and wages 27 27 Pension plan contributions 7,047,299 5,156,874 1,583,796 306,628 28 28 Other employee benefits . 168,549 3,873,805 2,834,664 870,592 29 29 Payroll taxes . . . 74,050 74,050 30 30 Professional fundraising fees 90,900 724 31 91,624 31 Accounting fees . . 251,023 27.110 223.641 272 32 32 Legal fees 11,714,554 10,354,781 1,291,564 68,209 33 Supplies 33 273,240 201,116 7,071 65,053 34 Telephone 34 35 1,400,565 709,241 183,754 507,570 35 Postage and shipping 82,801 1,789,380 307,655 36 2,179,836 36 Occupancy 37 2,998,411 1,488,730 1,466,040 43,641 37 Equipment rental and maintenance. 38 1,518,717 687.885 234,470 596,362 38 Printing and publications 39 1,013,392 801,468 114,942 96,982 39 Travel 516,105 447,935 62,400 5,770 40 40 Conferences, conventions, and meetings 84,754 41 1,947,911 1,425,387 437,770 41 Interest Depreciation, depletion, etc. (attach schedule) 42 4,788,845 3,504,246 1,076,236 208,363 42 43a 15,361,171 12,261,268 2,853,172 246,731 Other expenses not covered above (itemize): a 43 43b 43c 43d d 43e Total functional expenses (add lines 22 through 43) Organizations 112,738,000 83,854,614 24,569,337 completing columns (B)-(D), carry these totals to lines 13-15. 4,314,049 Joint Costs. Check ▶ ☐ If you are following SOP 98-2 ► ☐ Yes ✓ No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? If "Yes," enter (i) the aggregate amount of these joint costs \$______, (ii) the amount allocated to Program services \$_____, (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$ Part III Statement of Program Service Accomplishments (See page 25 of the instructions.) What is the organization's primary exempt purpose? STATEMENT 6 Program Service Expenses All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others) of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) (Grants and allocations 83,854,614 (Grants and allocations (Grants and allocations (Grants and allocations Other program services (attach schedule) (Grants and allocations 83,854,614 Total of Program Service Expenses (should equal line 44, column (B), Program services).

Part IV Balance Sheets (See page 25 of the instructions.)

Note:		Where required, attached schedules and amounts column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year		
	45	Cash—non-interest-bearing	-		3,422,000	45	3,899,000
	46	Savings and temporary cash investments .			9,718,000	46	11,534,000
		3. 1 ,					
	47a	Accounts receivable , , ,	47a	11,998,000			
i	b	Less. allowance for doubtful accounts .	47b	(5,241,000)	7,213,000	47c	6,757,000
			10 100 000		*		
	1	Pledges receivable	48a	12,426,000	7,174,000	40-	9,494,000
		Less: allowance for doubtful accounts .	48b	(2,932,000)	2,852,000	48C	2,822,000
	49				2,052,000	49	2,022,000
	50	Receivables from officers, directors, truste				50	
	E4.	(attach schedule)	•			**	
छ	Sia	schedule)	51a				
Assets	h	Less: allowance for doubtful accounts .	51b			51c	
AS	52	Inventories for sale or use			1,425,000	52	591,000
	53	Prenaud expenses and deferred charges			450,000	53	422,000
	54	Investments—securities (attach schedule)	twe	Cost 🗹 FMV L	85,777,000	54	102,502,000
	55a	Investments—land, buildings, and					
		equipment: basis , , ,	55a				
	b	Less. accumulated depreciation (attach					
		schedule)	55b			55c	
	56	Investments—other (attach schedule)	67 -1	126,938,000		56	11-11
		Land, buildings, and equipment: basis	57a	120,930,000			
	b	Less: accumulated depreciation (attach schedule)	57b	(67,728,000)	59,669,000	57c	59,210,000
Į	58	Other assets (describe > Statement 10	<u> </u>)	10,580,000	58	10,592,000
				/	····		
	59	Total assets (add lines 45 through 58) (mus	t equal	line 74)	188,280,000	59	207,823,000
	60	Accounts payable and accrued expenses			14,793,000	60	14,210,000
	61	Grants payable		<i></i> _		61	
	62	Deferred revenue			551,000	62	637,000
ies	63	Loans from officers, directors, trustees, and		mployees (attach			
Liabilities		schedule)	,	L 12 () +	24 202 000	63	47.040.000
<u>.</u>	64a	Tax-exempt bond liabilities (attach schedule)	thut !!	34,282,000	64a	47,048,000	
	65	Mortgages and other notes payable (attach Other liabilities (describe ► Statement 12	schedul	e)	16,438,000		15,376,000
	03	Other habilities (describe > Otatoment 12		·/	10,400,000	00	10,010,000
	66	Total liabilities (add lines 60 through 65)		. <u> </u>	66,064,000	66	77,271,000
	Orga	anizations that follow SFAS 117, check here				200	
w	5.3.	67 through 69 and lines 73 and 74.	<u> </u>	io complete integ		**	
Š	67	Unrestricted			69,397,000	 	70,101,000
la la	68	Temporarily restricted			23,722,000	_	27,935,000
æ	69	Permanently restricted		. <u>.</u>	29,097,000	69	32,516,000
힡	Orga	anizations that do not follow SFAS 117, checl	k here 🕨	► 🗌 and			
Ę		complete lines 70 through 74.					
5	70	Capital stock, trust principal, or current fund				70 71	
set	71	Paid-in or capital surplus, or land, building,		•		72	
As	72	Retained earnings, endowment, accumulate		i i		15	
Net Assets or Fund Balances	73	Total net assets or fund balances (add line 70 through 72;	es 6/th	rough 69 or lines		16	
Z		column (A) must equal line 19; column (B) n	122,216,000	73	130,552,000		
	74	Total liabilities and net assets / fund balan	-		188,280,000	74	207,823,000

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

		Reconciliation of Revenue per Audited Financial Statements with Revenue per				econciliation o				
	Return (See page 27 of th			L		eturn				
a b	Total revenue, gains, and other support per audited financial statements . ▶ Amounts included on line a but not on line 12, Form 990:		,073,838	a b	audited fin Amounts in	enses and logancial statement ancluded on line Form 990:	ts ▶	а	112,738,000	
(2)	Net unrealized gains on investments . \$ 1,390,000 Donated services and use of facilities \$ Recoveries of prior	*			Donated and use of Prior year ad reported on Form 990.	services facilities \$ ljustments		***************************************		
• •	year grants \$ Other (specify): \$ Add amounts on lines (1) through (4) >	b 1	,390,000		Losses repline 20, For Other (spe	m 990 . \$ cify).	rough (4)	b	\$ {5.	
c d	Line a minus line b Amounts included on line 12, Form 990 but not on line a: Investment expenses	c 119	,683,838	d	Line a min Amounts in	us line b ncluded on line but not on line a	► 17,	C	112,738,000	
	not included on line 6b, Form 990 \$ Other (specify)		>	(2)	not included 6b, Form 99	d on line 90 \$ cify):	· · · · · · · · · · · · · · · · · · ·			
e Par	Add amounts on lines (1) and (2) ► Total revenue per line 12, Form 990 (line c plus line d) ► **T V List of Officers, Directors, Title the instructions (1)		,683,838 1d Key I		Total exper (line c plus	nts on lines (1) anses per line 17, s line d)	Form 990	d e ated,	112,738,000 see page 27 of	
	(A) Name and address		(B) Title a	and avera	age hours per to position	(C) Compensation (If not paid, enter -0)	(D) Contributions employee benefit pi deferred compens	ans &	(E) Expense account and other allowances	
STA	TEMENT 13				- 311_	2,486,979	370,		anowances	
				······						
			-							
75	Did any officer, director, trustee, or key er organization and all related organizations, If "Yes," attach schedule—see page 2	of which mo	re than \$1	0,000 v					☐ Yes 🗹 No	

Page	5

Form	990 (2004)		<u> </u>	aye o		
Par	t VI Other Information (See page 28 of the instructions.)	,	Yes	No		
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	76		/		
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		1		
	If "Yes," attach a conformed copy of the changes.		1 8 9	173%		
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a 78b	V	<u> </u>		
b	b If "Yes," has it filed a tax return on Form 990-T for this year?					
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		 ✓		
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	1.000	√ ×		
b	If "Yes," enter the name of the organization ▶		**			
81a	Enter direct and indirect political expenditures. See line 81 instructions			١,		
b	Did the organization file Form 1120-POL for this year?	81b		 ✓		
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		1		
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III).					
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	/	ļ		
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	1	ļ		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		/		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N	14		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	1	IA		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N	VA		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year					
C	Dues, assessments, and similar amounts from members		,			
d	Section 162(e) lobbying and political expenditures		^ · .			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.					
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	25	./	ـما ا		
_	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	_//	17		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N	IA		
86	501(c)(7) orgs. Enter. a Initiation fees and capital contributions included on line 12.		ļ ——			
	Gross receipts, included on line 12, for public use of club facilities	27				
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	ľ -				
	Gross income from other sources. (Do not net amounts due or paid to other		•			
_	sources against amounts due or received from them.)	-		.6.		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or		.5x	34		
	partnership, or an entity disregarded as separate from the organization under Regulations sections		ľ			
	301.7701-2 and 301 7701-3? If "Yes," complete Part IX	88		1		
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶	,		-		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		✓		
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0		
	List the states with which a copy of this return is filed > STATEMENT 14					
	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)		65			
91	The books are in care of ► Christine K. Forkner Located at ► 1400 Jackson Street, Denver, CO Telephone no. ► (303)3 ZIP + 4 ► 80206	98-10 -2762	04 2			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here		<i>i.</i> 1 .	▶ □		
	and enter the amount of tax-exempt interest received or accrued during the tax year > 92		<u>/ </u>	<u>t </u>		
			$-\alpha\alpha$			

Part	VII Analysis of Income-Producing	Activities (See pa	ige 33 of the II	nstructions		
Note	: Enter gross amounts unless otherwise	Unrelated bu	isiness income	Excluded by sect	ion 512, 513, or 514	(E)
ındica		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function
93	Program service revenue: Net Patient Service Revenue	Desiries code	7 KNOUTH	Exolusion dode	- Tunount	income 39,653,000
a	Health Initiatives/Disease Management					4,351,000
b	Educational Services					2,425,521
۲ C	Referral Laboratory Services	621500	806,000		~	
d e	Other Program Service Revenue					1,513,430
f	Medicare/Medicaid payments					
g g	Fees and contracts from government agenci					
94	Membership dues and assessments	1				
95	Interest on savings and temporary cash investmen	000000	-2,086	14	423,086	
96	Dividends and interest from securities .			14	2,935,000	
97	Net rental income or (loss) from real estate:			â	1.4.24	
а	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal proper	ty				
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventor	ory		18	1,309,000	
101	Net income or (loss) from special events		_ 	01	-1,651,189	
102	Gross profit or (loss) from sales of inventory	,				· · · · · · · · · · · · · · · · · · ·
103	Other revenue a Statement 15		· · · · · · · · · · · · · · · · · · ·		2,127,839	
b	Biostatistics Services	541519	37,053			
C	Core Laboratory Services	621500	4,192			
d	Immunology Laboratory Services	621500	11,356		···	
е			050 545		5 4 40 700	47.040.054
104	Subtotal (add columns (B), (D), and (E))		856,515		5,143,736	47,942,951
105	Total (add line 104, columns (B), (D), and (E				-	53,943,202
	Line 105 plus line 1d, Part I, should equal th			/0	04 (4)	
Part						
Line ▼	No. Explain how each activity for which incomof the organization's exempt purposes (o				portantly to the a	ccomplishment
93					nd immunaled	aal madiaina
	See also Statement 6 and Statement		as or respirator	y, anergic, a	na immunologi	car medicine.
	See also Statement v and Statement					
Part	IX Information Regarding Taxable Sul	sidiaries and Disr	egarded Entitie	s (See page	34 of the instru	ctions.)
	(A) Name, address, and EIN of corporation,	(B) Percentage of	(C)		(D)	(E)
	partnership, or disregarded entity	ownership interest	Nature of ac	tivities	Total income	End-of-year assets
		%				
		%				
		%				
		%				
Part	X Information Regarding Transfers Ass	ociated with Perso	nal Benefit Con	t racts (See pa	age 34 of the ins	tructions.)
(a)	Did the organization, during the year, receive any funds	, directly or indirectly, to	pay premiums on a	personal benefit	contract?	Yes V No
	Did the organization, during the year, pay p					Yes V No
	e: If "Yes" to (b), file, Form 8870 and Form					
		mined this return, include	nd accompanying sc	hedules and stat		
	Under penalties of perjury, I declare that I have exa	and the second second			ements, and to the b	est of my knowledge
Place	and belief, it is true, correct, and complete Declar	ation of preparer (other	han officer) is based	on all information	ements, and to the bon of which preparer	est of my knowledge has any knowledge
Pleas	and belief, it is true, correct, and complete Declar	ation of preparer (other	han officer) is based	on all information	ements, and to the bon of which preparer	est of my knowledge has any knowledge
Pleas	and belief, it is true, correct, and complete Declar	ation of preparer (other	han officer) is based	on all information	ements, and to the bon of which preparer	est of my knowledge has any knowledge
Pleas	and belief, it is true, correct, and complete Declar	ation of preparer (other t	han officer) is based	on all information	on of which preparer	est of my knowledge has any knowledge
Pleas	and belief, it is true, correct, and complete Declar	ation of preparer (other)	than officer) is based	on all information	on of which preparer	est of my knowledge has any knowledge

SCHEDULE A

(Form 990 or 990-EZ)

National Jewish Medical & Research Center

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Name of the organization

Employer identification number 74 2044647

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances	
James Crapo, MD	Senior Faculty Member	296,921.22	29,860.61	0	
c/o National Jewish Medical & Research Ctr	40	,	ŕ		
Rafeul Alam, MD	Senior Faculty Member	253,405.72	17,139.01	0	
c/o National Jewish Medical & Research Ctr	40	200, 400.72	17,100.01		
Robert Ballard, MD	Senior Faculty Member	222.092.64	27,136.20	0	
c/o National Jewish Medical & Research Ctr	40	222,032.04	27,130.20		
Lee Newman, MD	Senior Faculty Member	217,596.74	23,357.29	0	
c/o National Jewish Medical & Research Ctr	40	211,556.14	20,007.23	U	
Stanley Szefler, MD	Senior Faculty Member	212,262.3	26,359.87	0	
c/o National Jewish Medical & Research Ctr	40	212,202.0	20,000.01		
Total number of other employees paid over \$50,000	349		. e) *	52.	

Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$5	0,000 (b) Type of service	e (c) Compensation
Davis Partnership	Architecture	
2301 Blake Street, Suite 100, Denver, CO 80205		1,218,084
Hospital Shared Services	Support Services	
1395 S. Platte River Drive, Denver, CO 80223		364,788
Sheridan Ross	Legal	040.446
1560 Broadway, Suite 1200, Denver, CO 80202		213,146
Ultra Imaging, Inc.	Contract Radiologists	i
1440 Voorhees Ranch Way, Castle Rock, CO 80109		197,535
Newport Creative Communications	Design	400.000
33 Railroad Avenue, Duxbury, MA 02332		190,299
Total number of others receiving over \$50,000 for professional services	13	

Page	2

Par	t III	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	atte or i	ing the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities \$ \(\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	✓	
	org	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of lobbying activities			
2	sub with own	ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any istantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority her, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the isactions.)	***		*\ *\
a b		e, exchange, or leasing of property?	2a 2b		√
d	Pay	mishing of goods, services, or facilities?	2c 2d 2e	√	<u> </u>
е 3а	Do	nsfer of any part of its income or assets?	3a		√
b 4a	Do	you have a section 403(b) annuity plan for your employees?	3b	✓	✓
b		the use or distribution of funds?	4a 4b		<u> </u>
Par	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The	orga	nization is not a private foundation because it is: (Please check only ONE applicable box.)			
5		A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).			
6 7		A school Section 170(b)(1)(A)(ii). (Also complete Part V) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	ñ	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hosp and state ▶	oital's r	name	, city,
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section (Also complete the Support Schedule in Part IV-A.)			
		An organization that normally receives a substantial part of its support from a governmental unit or from the gener 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	al pubi	ic Se	ection
		A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	. food	and	~~~~
12	L	An organization that normally receives (1) more than 33% of its support from contributions, membership receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no moi its support from gross investment income and unrelated business taxable income (less section 511 tax) from bus by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part I'	re thar sinesse	1 33½	% of
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and suppressed in: (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(3).)			
		Provide the following information about the supported organizations. (See page 5 of the instructions.	.)		
		(a) Name(s) of supported organization(s) (b) Line from	numb above		
14		An organization organized and operated to test for public safety. Section 509(a)(4), (See page 5 of the instruct	tions)		

NB

	t IV-A Support Schedule (Complete onl : You may use the worksheet in the instructions						ccounting.
Cale	ndar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 200	00	(e) Total
15	Gifts, grants, and contributions received. (Do						
	not include unusual grants. See line 28).						
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose						
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.						
19	Net income from unrelated business activities not included in line 18						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
22	Other income Attach a schedule Do not						
	include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22						
24	Line 23 minus line 17						
25	Enter 1% of line 23						`
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colui	mn (e), line 24 .	, , ▶	26a	
b	Prepare a list for your records to show the nar governmental unit or publicly supported organizamount shown in line 26a Do not file this list w	zation) whose tota	al gifts for 2000	through 2003 exce	eded the	26b	e 4
С	Total support for section 509(a)(1) test: Enter la	•				26c	
d	Add. Amounts from column (e) for lines. 18						
_						26d	
е	Public support (line 26c minus line 26d total)					26e	
f	Public support percentage (line 26e (numera					26f	%
27 b	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the (2003)	the name of, and e sum of such ar wed from each per year, that was mo 5 through 11, as we the larger amoun	total amounts remounts for each . (2001) rson (other than bre than the large well as individuals t described in (1	eceived in each ye year: "disqualified persor er of (1) the amount s) Do not file this li l) or (2), enter the s	ar from, eac (2000) _ as"), prepare on line 25 fi ist with your sum of these	a list fo or the ye r return.	r your records to ear or (2) \$5,000. After computing nces (the excess
С	Add Amounts from column (e) for lines 15		16 21			27c	
d	Add Line 27a total.			: : :		27d	
е	Public support (line 27c total minus line 27d to	otal)				27e	
f	Total support for section 509(a)(2) test Enter a	amount from line	23, column (e) .	. ► 27f			. 4
g	Public support percentage (line 27e (numera	ator) divided by	line 27f (denom	ninator)) . . .		27g	%
h	Investment income percentage (line 18, col	umn (e) (numera	tor) divided by	line 27f (denomir	nator)). ▶	27h	%
28	Unusual Grants: For an organization describe prepare a list for your records to show, for ea description of the nature of the grant Do not	ich year, the nam	ne of the contrib	outor, the date and	amount o	f the gr	

Schedule A (F	form 990 or 990-EZ) 2004		1H	
Part V	Private School Questionnaire	See page 7 of the	instructions.)	
	(To be completed ONLY by sci	nools that checke	d the box on I	line 6 in Part IV)

	<u> </u>			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	288	****
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	*	
	If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement.)			
		*2		1
		. 4	\$- <u>`</u>	
			~	
32	Does the organization maintain the following.	32a	"< v	
a b	Records indicating the racial composition of the student body, faculty, and administrative staff?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32u		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	. ,		3
33	Does the organization discriminate by race in any way with respect to:		*	
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities? ,	33f		
g	Athletic programs?. ,	33g		
h	Other extracurricular activities?,	33h	· 2 g .	
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	* -		, and the same of
		*	^	
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		-25

Ра	rt VI-A	(To be completed ONLY by an	eligible organi	zaubii iiiai iiib	d Form 5/68)		
Che	ck ⊳a □	If the organization belongs to an affilia	ited group Che	eck ▶ b ☐ if	you checked "a" a	nd "limited control"	provisions apply
		Limits on Lobbyir (The term "expenditures" mear	•			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobb	oying expenditures to influence public	oninion (grassro	ots Iobbyina)	36		
37		bying expenditures to influence a legis	,	, ,,	37		
38		bying expenditures (add lines 36 and 3			38		
39	Other exe	empt purpose expenditures .			39		
40	Total exe	mpt purpose expenditures (add lines 3	38 and 39)		40		
41		nontaxable amount Enter the amoun		•		24	.)
				ble amount is		***	, S.
		· · · · · · · · · · · · · · · · · · ·	of the amount on		·] [**	`` ^>`. `***
			•	he excess over \$5	· • • • • • • • • • • • • • • • • • • •	,	. *
				e excess over \$1,0 e excess over \$1,5			
	Over \$1,50	· · · · · · · · · · · · · · · · · · ·	•	· · · · · ·		× 2	
42		s nontaxable amount (enter 25% of h					, ,
43		ine 42 from line 36 Enter -0- if line 42					
44		ine 41 from line 38 Enter -0- if line 4			44		
	Caution:	If there is an amount on either line 43	or line 44 you n	nust file Form 47	20	٠,	,
		······································	****	Under Section			· · ·
	(Sc	ome organizations that made a section	n 501(h) election	do not have to c	omplete all of the	five columns be	elow
		See the instructions fo		bying Expenditu			riod
	Calendar	year (or ar beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
	nisoai yea	ii beginning ii // F	2004	2003	2002	2001	Total
45	Lobbying	nontaxable amount			,		
46	Lobbying	ceiling amount (150% of line 45(e))	<u> </u>				-
47	Total lobb	ying expenditures					
48	Grassroot	s nontaxable amount					
49	Grassroot	s ceiling amount (150% of line 48(e))		^			
				4 ^			
50	Grassroot	s lobbying expenditures	ting Public Ci	narities			
50		s lobbying expenditures			Part VI-A) (See	page 11 of the	e instructions.)
50 Pa	Grassroot rt VI-B	s lobbying expenditures Lobbying Activity by Nonelec (For reporting only by organiza	tions that did i	not complete F			^
50 Pa Duri	Grassroot rt VI-B ng the year	Lobbying expenditures	tions that did i ence national, st	not complete F ate or local legis	ation, including a		e instructions.) Amount
50 Pa Duri	Grassroot rt VI-B ng the year	Lobbying expenditures Lobbying Activity by Nonelec (For reporting only by organizar , did the organization attempt to influence public opinion on a legislative means.)	tions that did i ence national, st	not complete F ate or local legis	ation, including a		Amount
50 Pa Duri	Grassroot rt VI-B ng the year mpt to influ Volunteer	Lobbying expenditures Lobbying Activity by Nonelec (For reporting only by organizar , did the organization attempt to influence public opinion on a legislative means.)	ence national, st atter or referend	not complete F ate or local legis um, through the	ation, including a use of	Yes No	^
50 Pa Duri atter	Grassroot rt VI-B ng the year mpt to influ Volunteer Paid staff	Lobbying expenditures Lobbying Activity by Nonelec (For reporting only by organizar , did the organization attempt to influence public opinion on a legislative means	ence national, st atter or referend	not complete F ate or local legis um, through the	ation, including a use of	Yes No	Amount
Duri atter	grassroot rt VI-B ng the year mpt to influ Volunteer Paid staff Media ad Mailings t	Lobbying expenditures Lobbying Activity by Nonelec (For reporting only by organizar, did the organization attempt to influence public opinion on a legislative mes	ence national, st latter or referend on in expenses re	not complete F ate or local legis um, through the	ation, including a use of	Yes No	Amount
Duri atter a b c d e	rt VI-B ng the year mpt to influ Volunteer Paid staff Media ad Mailings t Publication	Lobbying expenditures Lobbying Activity by Nonelec (For reporting only by organizar, did the organization attempt to influence public opinion on a legislative mes	ence national, st latter or referend on in expenses re 	not complete F ate or local legis um, through the	ation, including a use of	Yes No	Amount
Duri atter a b c d e f	rt VI-B ng the year mpt to influ Volunteer Paid staff Media ad Mailings t Publicatic Grants to	Lobbying expenditures	tions that did in ence national, structured in atter or referend in the control of the control o	not complete F ate or local legis um, through the eported on lines of	ation, including ause of	Yes No	Amount
Duri atter a b c d e f g	rt VI-B ng the year mpt to influ Volunteer Paid staff Media ad Mailings t Publicatic Grants to Direct coi	Lobbying expenditures	tions that did in ence national, structured in the ence national, structured in the ence national in the ence national in the ence in the	ate or local legis um, through the eported on lines of or a legislative b	ation, including a use of:	Yes No	Amount
Duri atter a b c d e f	rt VI-B ng the year mpt to influ Volunteer Paid staff Media ad Mailings t Publicatio Grants to Direct cor Rallies, di	Lobbying expenditures	ence national, st natter or referend on in expenses re ents ernment officials,	ate or local legis um, through the eported on lines or a legislative b res, or any other	ation, including a use of:	Yes No	Amount

Pa	rt VI	Information Organizatio		nsfers To and Transactio 1 of the instructions.)	ns and Relationships With Noncharita	DIE EXEMP
51					e following with any other organization descrittion 527, relating to political organizations?	oed in section
а	Tran	nsfers from the repo	orting organization	to a noncharitable exempt org	anization of:	Yes No
		Cash			51a	(i) 🗸
	• • •	Other assets			a(ii) 🗸
b		er transactions.				
_			s of assets with a	noncharitable exempt organiz	ation b(i) \
	(ii)			table exempt organization .	!) /
				er assets	b(iii	
	(iii)				· · · · · · · · · · · · · · · · · · ·	
			=		h/w	
		•			· · · · · · · · · · · · · · · · · · ·	
	٠,			thip or fundraising solicitations		1 7
C		-		sts, other assets, or paid empl	0,000	
d	goo	ds, other assets, or	services given by	the reporting organization. If	le Column (b) should always show the fair mark the organization received less than fair market ids, other assets, or services received	
(a)	(b)		(c)	(d)	
Line	no no	Amount involved	Name of nonc	haritable exempt organization	Description of transfers, transactions, and sharing	arrangements
						
			* · · · · · · · · · · · · · · · · · · ·			
					,	
			·		····	
			····		· · · · · · · · · · · · · · · · · · ·	
						
		-				
						,
		<u> </u>				
	des	•	01(c) of the Code (d	other than section 501(c)(3)) or	one or more tax-exempt organizations r in section 527? ▶ □ Y	′es ☑ No
		(a)		(b)	(c)	
		Name of organiza	ation	Type of organization	Description of relationship	
			· · · · · · · · · · · · · · · · · · ·		7 77	
			-			
		·····				
					<u> </u>	

National Jewish Medical & Research Center Statement 1 - Gain/Loss On Sale Of Assets Form 990 - Part I Line 8 - 06/30/05

Gain or (loss) on the sale of publicly traded securities Gross amount from sale of securities Cost basis Gain or (Loss) on Sale of Securities	.	78,467,000 77,103,000	1,364,000
Gain or (loss) on sale of fixed assets Gain or (loss) due to the disposal of assets in National Jewish's normal course of operations Gain or (Loss) on Sale of Assets	Proceeds Basis	0 55,000	(55,000)

Description	Gross Revenue	Direct Expenses	Net Income
New York Real Estate Dinner	231,000	(451,955)	(220,955)
New York Finance Dinner	97,500	(116,916)	(19,416)
Denver Dinner	78,000	(337,376)	(259,376)
Other Events* * Other events include dinners and golf	460,350	(1,611,792)	(1,151,442)
tournaments			
Totals	866,850	(2,518,039)	(1,651,189)
	866,850	(2,518,039)	(1,651,189)

National Jewish Medical & Research Center Statement 3 - Other Changes in Net Assets Form 990 - Part I Line 20 - 06/30/05

ID	#7	4.	-20	44	647

Net Unrealized Gains	
Unrestricted	605,000
Temporarily Restricted	(139,000)
Permanently Restricted	924,000
Other changes in net assets or fund balances	1,390,000

National Jewish Medical & Research Center Statement 4 - Depreciation, Depletion, etc. Form 990 - Part II Line 42 - 06/30/05

ID #74-2044647

Depreciation of buildings and equipment, including amortization of capital leases is calculated using the straight-line method over the estimated useful lives of the assets, which is in accordance with American Hospital Association guidelines.

National Jewish Medical & Research Center Statement 5 - Other Expenses

Form 990 - Part II Line 43a - 06/30/05

ID	#7	4-2	ΛA	146	47
16	TT (v		

Description	Total	Program Services	Management And General	Fundraising
Professional Fees	4,472,059	3,033,390	1,369,496	69,173
External Medical Fees	1,714,059	1,680,059	34,000	0
Insurance and Taxes	628,321	5,627	609,843	12,851
Recruitment	377,868	6,132	371,736	0
Other	1,470,273	985,823	340,451	143,999
Temporary Help	129,035	94,235	19,703	15,097
Research Subject Fees	431,861	431,861	0	0
Books & Periodicals	95,462	86,835	6,346	2,281
Dues and Memberships	189,998	85,071	101,597	3,330
Collaborative Agreements	2,769,612	2,769,612	0	0
Patient Research Costs	645,128	645,128	0	0
Capital Costs	1,285,474	1,285,474	0	0
Bad Debt	1,100,083	1,100,083	0	0
Income Taxes	51,938	51,938	0	0
Totals	15,361,171	12,261,268	2,853,172	246,731

National Jewish Medical & Research Center Statement 6 - Organization's Primary Exempt Purpose Form 990 - Part III - 06/30/05

ID #74-2044647

National Jewish is a non-sectarian, not-for-profit, independent, research-oriented medical center.

Focusing on respiratory, immunologic, allergic, and infectious diseases, National Jewish's mission is to. discover knowledge to enhance prevention, treatment and cures, through an integrated program of basic and clinical research; develop and provide innovative clinical programs for treating and rehabilitating patients of all ages and for preventing disease; and educate scientists, physicians, other clinical personnel, and the public.

National Jewish Medical & Research Center Statement 7 - Program Service Accomplishments Form 990 - Part III Line a - 06/30/05

ID #74-2044647

National Jewish Medical and Research Center is known worldwide for treatment of patients with respiratory, immune and allergic disorders, and for groundbreaking medical research. Founded in 1899 as a nonsectarian, nonprofit hospital for tuberculosis (TB) patients, National Jewish remains the only facility in the world dedicated exclusively to these disorders.

Patient information for fiscal year July 1, 2004 through June 30, 2005: inpatient days 506; average inpatient length of stay 6.03 days; average day program patient length of stay 15.19 days; total number of outpatient visits 26,475.

In its 2005 guide to "America's Best Hospitals," *U.S. News & World Report* has ranked National Jewish as the best in the nation for treating respiratory diseases, based on various objective criteria as well as surveys of board certified pulmonologists from around the nation. National Jewish has been at the top of this 50-institution list for eight consecutive years.

National Jewish broke ground on the first new clinical and research building to be constructed on the campus since 1986. The six-story building will house clinical space on the first two floors and research laboratories on the top four floors. In order to finance the building, in January 2005, National Jewish successfully completed a \$13.5 million adjustable-rate, tax-exempt bond issue. The remainder of the Iris and Michael Smith Clinics and Laboratories will be funded using the proceeds of the Road Ahead Campaign and National Jewish cash reserves. Completion is scheduled for early 2007.

National Jewish faculty, which numbers approximately 125 members, published 163 research papers in scientific and medical journals during the past fiscal year on a variety of topics including asthma, atopic dermatitis, peanut allergies, autoimmune diseases, stroke and diabetes.

National Jewish Medical and Research Center began offering Ohio's 2.4 million tobacco users free and confidential help kicking the tobacco habit through the Ohio Tobacco Quit Line. The three-year, \$5.64 million contract with the Ohio Tobacco Use Prevention and Control Foundation brings National Jewish's expertise in tobacco cessation and telephonic counseling to a fourth state.

The National Jewish Professional Education Division reached out to approximately 250,000 physicians and allied healthcare professionals with live programs, printed and web-based educational materials on diseases we treat, including asthma, COPD, tuberculosis, and allergies.

National Jewish maintains a diverse research program. In 2005, National Jewish was awarded over \$41 million in research grants to fund 268 projects, including basic research in areas such as cell biology and immunology, as well as translation research in diseases we treat such as asthma and emphysema.

Description	6/30/2004	6/30/2005
Internally Designated Assets	28.488.000	30.411.000
Assets Held By Trustees	4,339,000	16,427,000
Assets Reserved For Gift Annuities	12,336,000	11,839,000
Long Term Investment	33,297,000	35,955,000
Beneficial Interest Under Perpetual Trust Agreement	6,502,000	6,704,000
Marketable Securities - Restricted	815,000	1,166,000
Totals	85,777,000	102,502,000

National Jewish Medical & Research Center Statement 9 - Land, Buildings & Equipment Form 990 - Part IV Line 57 - 06/30/05

Description	6/30/2004	6/30/2005
Property and Equipment:		
Land	3,498,000	3,498,000
Buildings	80,723,000	81,028,000
Equipment and Software	36,809,000	39,201,000
Construction in Progress	1,150,000	3,211,000
	122,180,000	126,938,000
Less: accumulated depreciation	(62,511,000)	(67,728,000)
	59,669,000	59,210,000

National Jewish Medical & Research Center Statement 10 - Other Assets Detail Form 990 - Part IV Line 58 - 06/30/05

Description	6/30/2004	6/30/2005
Current Assets-Other	1,162,000	1,565,000
Contribution Receivable Under Unitrust Agreements	6,170,000	6,479,000
Bond Issuance Costs	475,000	717,000
Goodwill	1,367,000	1,289,000
Other	1,406,000	542,000
Totals	10,580,000	10,592,000

National Jewish Medical & Research Center Statement 11 - Tax Exempt Bond Liabilities Form 990 - Part IV Line 64 - 06/30/05

ID #74-2044647

In April 1998, Revenue Bonds, Series 1998 (the "1998 Bonds") in the amount of \$32,805,000 were issued by the Colorado Health Facilities Authority to redeem the Revenue Series 1992 Bonds and to finance a number of capital construction and renovation projects.

The 1998 Bonds require annual payments of varying amounts. These payments began January 1, 1999 with the final principal payment due in January 2028.

In November 1998, Revenue Bonds, Series 1998B (the 1998B Bonds) in the amount of \$5,700,000 were issued by the Colorado Health Facilities Authority to finance certain expenses relating to the upgrading and renovation of National Jewish's PowerHouse building.

The 1998B Bonds require annual payments of varying amounts. These payments began January 1, 2000 with the final principal payment due in January 2029.

In January 2005, Revenue Bonds, Series 2005 (the 2005 Bonds) in the amount of \$13,500,000 were issued by the Colorado Health Facilities Authority to finance certain expenses relating to the construction of the Iris and Michael Smith Clinics and Laboratories Building, and the upgrading and and renovation of certain other National Jewish facilities.

The 2005 Bonds require annual payments of varying amounts. These payments will begin January 1, 2006 with the final principal payment due in January 2035.

National Jewish Medical & Research Center Statement 12 - Other Liabilities Detail Form 990 - Part IV Line 65 - 06/30/05

Description	6/30/2004	6/30/2005
Capital Lagger	261,000	9 000
Capital Leases Estimated 3rd Party Payor Settlements	261,000 764,000	8,000 539,000
Liability Under Annuity Contracts	14,638,000	14,018,000
Liability Under Unitrust Agreements	775,000	811,000
Totals	16,438,000	15,376,000

National Jewish Medical & Research Center Statement 13 - List of Officers, Directors, etc. Form 990 - Part V - 06/30/05

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4	‡

(E) Expense account and other allowances	0	0	0	0	0	0	0	0	0	0	0	0	0
(C) Compensation (If employee benefit plans & not paid, enter -0-) deferred compensation	188,754	1,029	16,424	20,218	27,293	36,212	20,747	32,308	27,373	0	0	0	0
(C) Compensation (If not paid, enter -0-)	559,594	117,500	160,068	216,649	260,750	341,810	191,150	294,879	290,429	54,150	0	0	0
osition	20	20	20	20	20	20	90	90	20	25	7	0	2
(B) Title and average hours per week devoted to position	President and CEO	Executive Vice President, Academic Affairs	Vice President, Development	Executive Vice President, Medical & Clinical Services	Executive Vice President, Chief Administrative Officer Asst. Secretary, Asst. Treasurer	Vice President, Health Initiatives	Chief Fınancıal Officer Asst. Secretary	Chairman, Department of Medicine	Chairman, Department of Pediatrics	Chairman, Integrated Department of Immunology, University of Colorado Health Science Center and	National Jewish Medical & Research Center Chair, Council of National Trustees Member, Board of Directors	Chair, Board of Directors	Chair-Elect, Board of Directors
(A) Name and address	Lynn M Taussig, MD 1400 Jackson St	Denver, CO 80206 Richard Johnston, MD 1400 Jackson St	Denver, CO 80206 Carol Gibson 1400 Jackson St.	Gary Cott, MD 1400 Jackson St.	J. Verne Singleton 1400 Jackson St	David Tinkelman, MD 1400 Jackson St	Christine K Forkner 1400 Jackson St.	Bichard Martin, MD 1400 Jackson St	Denver, CO 80206 Erwin Gelfand, MD 1400 Jackson St	Denver, CO 80206 John Cambier, PhD 1400 Jackson St	Denver, CO 80206 Burton Tansky 1400 Jackson St	David H. Engleberg 1400 Jackson St.	Denver, CO 80206 Stephen W. Arent 1400 Jackson St. Denver, CO 80206

National Jewish Medical & Research Center Statement 13 - List of Officers, Directors, etc. Form 990 - Part V - 06/30/05

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(C) Compensation (If employee benefit plans & not paid, enter -0-) deferred compensation	(E) Expense account and other allowances
Tom Gart 1400 Jackson St	Vice Chair, Board of Directors	O	0	0
Lenver, CO 80206 Larry Silverstein 1400 Jackson St. Denver, CO 80206	Treasurer 2	0	0	0
Robin Chotin 1400 Jackson St Denver CO 80206	Secretary Member, Board of Directors			
Margaret Allon 1400 Jackson Street	Member 2 Board of Directors	0	0	0
Rich Baer 1400 Jackson Street	Member 2 Board of Directors	0	0	0
Jenver, CO 50200 Jim Berenbaum 1400 Jackson Street	Member 2 Board of Directors	0	0	0
Norman Brownstein 1400 Jackson Street	Member 2 Board of Directors	0	0	0
Lloyd Chavez, Jr 1400 Jackson Street	Member 2 Board of Directors	0	0	0
Bruce Defik 1400 Jackson Street Denver, CO 80206	Member 2 Board of Directors	0	0	0
David Ehrlich 1400 Jackson Street Denver, CO 80206	Member 2 Board of Directors	0	0	0
Lawrence A Fain 1400 Jackson Street	Member 2 Board of Directors	0	0	0
Joel Farkas 1400 Jackson Street Denver, CO 80206	Member 2 Board of Directors	0	0	0
Michael Feiner 1400 Jackson Street Denver, CO 80206	Member 2 Board of Directors	•	0	0

National Jewish Medical & Research Center Statement 13 - List of Officers, Directors, etc. Form 990 - Part V - 06/30/05

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(C) Compensation (If employee benefit plans & not paid, enter -0-) deferred compensation	(E) Expense account and other allowances
Barbara M Gallagher 1400 Jackson Street	Member 2 Board of Directors	0	0	0
Denver, CO 80206 Lawrence Gelfond 1400 Jackson Street	Member 2 Board of Directors	0	0	0
Denver, CO 80206 Roger Gibson 1400 Jackson Street	Member 2 Board of Directors	0	0	0
Denver, CO 80200 A. Barry Hirschfeld 1400 Jackson Street	Member 2 Board of Directors	0	0	0
Denver, CO 80206 Clifford Holtz 1400 Jackson Street	Member 2 Board of Directors	0	0	0
Steven Kaufman 1400 Jackson Street	Member 2 Board of Directors	0	0	0
Denver, CO 80206 Manner Kemper 1400 Jackson Street	Member 2 Board of Directors	0	0	0
Denver, CO 80206 James Kuhn 1400 Jackson Street	Member 2 Board of Directors	0	0	0
Denver, CO 80206 Blanca Lerman 1400 Jackson Street	Member 2 Board of Directors	0	0	0
Robert Mettler 1400 Jackson Street	Member 2 Board of Directors	0	0	0
Nonald E. Montoya 1400 Jackson Street	Member 2 Board of Directors	0	0	0
Marvin Moskowitz 1400 Jackson Street	Member 2 Board of Directors	0	0	0
Meyer M Saltzman 1400 Jackson Street Denver, CO 80206	Member 2 Board of Directors	0	0	0

National Jewish Medical & Research Center Statement 13 - List of Officers, Directors, etc. Form 990 - Part V - 06/30/05

(E) Expense account and other allowances	0	0	0	0	0	0	0	0	0	0	0	0	0
(C) Compensation (If employee benefit plans & not paid, enter -0-) deferred compensation	0	0	0	0	0	0	0	0	0	0	0	0	0
(C) Compensation (If not paid, enter -0-)	0	0	0	0	0	0	0	0	0	0	0	0	0
(B) Title and average hours per week devoted to position	Member 2 Board of Directors	Member 2 Board of Directors	Member 2 Board of Directors	Member 2 Board of Directors	Member 2 Board of Directors	Member 2 Board of Directors	Member 2 Board of Directors	Member 2 Board of Directors	Ementus Member 2 Board of Directors	Emeritus Member 2 Board of Directors	Emeritus Member 2 Board of Directors	Member 2 Board of Directors	Emeritus Member 2 Board of Directors
(A) Name and address	Richard Schierburg 1400 Jackson Street	Martin Semple 1400 Jackson Street	Denver, CO 80206 Donald Silversmith 1400 Jackson Street Denver CO 80206	Marc Steron 1400 Jackson Street	Susan Sturm 1400 Jackson Street Point CO 80206	Debra Tuchman 1400 Jackson Street	Daniel Yohannes 1400 Jackson Street	Evan H. Zucker 1400 Jackson Street	Alvin L. Cohen 1400 Jackson Street	Joseph S. Davis 1400 Jackson Street Denver CO 80206	William Gold 1400 Jackson Street Denver CO 80206	Philip H. Karsh 1400 Jackson Street	Leonard M. Perlmutter 1400 Jackson Street Denver, CO 80206

National Jewish Medical & Research Center Statement 13 - List of Officers, Directors, etc. Form 990 - Part V - 06/30/05

0	370.359	2.486.979	TOTAL	
				Denver, CO 80206
			Board of Directors	1400 Jackson Street
0	0		Ementus Member 2	Richard A Tucker
_				Denver, CO 80206
			Board of Directors	1400 Jackson Street
0	0		Emeritus Member 2	Joseph H Silversmith, Jr.
-				Denver, CO 80206
			Board of Directors	1400 Jackson Street
0	0	0	Ementus Member 2	Edward A. Robinson
other allowances	not paid, enter -0-) deferred compensation other allowances	not paid, enter -0-)		
account and	(C) Compensation (If employee benefit plans &	(C) Compensation (If	(B) Title and average hours per week devoted to position	(A) Name and address
(E) Expense	(D) Contributions to			

National Jewish Medical & Research Center Statement 14 -States With Which a Copy of the 990 is Filed Form 990- Part VI Line 90a - 06/30/05

ID #74-2044647

Alabama

Alaska

Arızona

California

Connecticut

District of Columbia

Florida

Georgia

Illinois

Kansas

Kentucky

Maine

Maryland

Massachusetts

Minnesota

Mississippi

Nevada

New Hampshire

New Jersey

New Mexico

New York

North Carolina

Ohio

Oklahoma

Oregon

Pennsylvania

South Carolina

Tennessee

Utah

Washington

Wisconsin

National Jewish Medical & Research Center Statement 15 - Other Revenue

Form 990 - Part VII Line 103a - 06/30/05

Description	Exclusion Code	Amount
Occupancy	22	579,792
Cafeteria Revenues	03	496,975
Kunsberg School Tuition	03	384,967
License and Royalty Income	15	265,095
Gift Shop	03	90,600
Other Miscellaneous	03	310,410
Totals		2,127,839

	ndor	n's primary ecal jobs al reports) vendors nt (half- and they	r of vuntaın	2002 to Proposal	underwriter nal Jewish and ch ssue in
	Reason for Using This Vendor	This vendor is not the organization's primary printing source, but is used for special jobs (semi-annual newsletter and annual reports) because they are one of very few vendors who have the necessary equipment (half-web press) for these publications and they are able to provide the required mailing services.	Qwest is the predominant provider of telephone service in the Rocky Mountain Region	National Jewish changed banks in 2002 to UMB after sending a Request For Proposal and interviewing several banks	This law firm previously acted as underwriter counsel for bonds issued by National Jewish in 1998. This firm has experience and knowledge of National Jewish which contributed to a successful bond issue in 2005.
	ason for Us	or is not the curce, but is real newslet hey are one the necess; to these is provide the	he predomi service in t	National Jewish changed banks UMB after sending a Request F and interviewing several banks	rm previous or bonds iss fine firm has e of National dispense of to a succeed to a
	Re	This vend printing se (semi-anr because to who have web press are able to services.	Qwest is telephone Region	National UMB after and interv	This law f counsel from 1998 whowledg contribute 2005.
	How Dollar Value <u>Determined</u>	et value	et value	et value	et value
	How Do	Fair market value	Fair market value	Fair market value	Fair market value
	Goods/Services <u>Provided</u>	mailtng	unications	rvices	connsel ind issue
	Goods/Servi <u>Provided</u>	printing & mailing	telecommunications	banking services	underwriter counsel for 2005 bond issue
Total Dollar	Value of Goods/Services	89,176	46,694	25,979	15,000
Total	Valu Goods//	↔	↔	↔	↔
	Relationship to Organization	Board Member	Board Member	Board Member	Board Member
	Relati Org	Board	Board	Board	Board
	idual and o Vendor	d, owner	Executive Business	Chairman	ain, Esq
	Name of Individual and Relationship to Vendor	A Barry Hirschfeld, owner	Clifford S Holtz, Executive Vice-president of Business Markets	Mariner Kemper, Chairman and CEO	Norman Brownstein, Esq
	Nam Rela	A Barr	Clifford S Vice-pre Markets	Mariner K and CEO	Normar
		g	ations		Brownstein Hyatt Farber PC
<u>2(c)</u>		AB Hirschfeld Press	Qwest Communications	논	eın Hyatt F
Part III, 2(c)	Vendor	AB Hirsc	Qwest (UMB Bank	Brownst

National Jewish Medical & Research Center Statement 17 - Statement About Lobbying Activity Schedule A - Form 990 - Part VI-B - 06/30/05

ID #74-2044647

National Jewish is continually expanding its research programs. To assist with this goal, representatives of National Jewish identify potential sources of funding, then market and promote National Jewish research scientists and programs as worthy recipients of these funds

The marketing efforts can include working with the various congressional representatives and agencies that oversee research funding and the grant request process.